

| | | | | | | | |
|--|---|-----------|--|-------------------------------------|---------|-------------------------------------|----------|
| SCC eFile | 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 213500795 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: NTELOS Payroll Corp.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES A HYDE 1154 SHENANDOAH VILLAGE DR PO BOX 1990 WAYNESBORO, VA 22980</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WAYNESBORO CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: 07467988</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 100 | |
| CLASS | AUTHORIZED | | | | | | |
| COMMON | 100 | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1154 SHENANDOAH VILLAGE DRIVE PO BOX 1990</p> <p style="text-align: center;">CITY/ST/ZIP: WAYNESBORO, VA 22980</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES A HYDE TITLE: CEO/PRES ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: JAMES A HYDE TITLE: CEO/PRES ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: JAMES A HYDE TITLE: CEO/PRES ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: S. CRAIG HIGHLAND TITLE: SR VP FINANCE ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: S. CRAIG HIGHLAND TITLE: SR VP FINANCE ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: S. CRAIG HIGHLAND TITLE: SR VP FINANCE ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN J. O'NEIL TITLE: SR VP, GEN COUN ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: BRIAN J. O'NEIL TITLE: SR VP, GEN COUN ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: BRIAN J. O'NEIL TITLE: SR VP, GEN COUN ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEBBINS B. CHANDOR, JR. TITLE: EVP, CFO, TREAS ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: STEBBINS B. CHANDOR, JR. TITLE: EVP, CFO, TREAS ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: STEBBINS B. CHANDOR, JR. TITLE: EVP, CFO, TREAS ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CONRAD D. HUNTER TITLE: EVP, COO ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: CONRAD D. HUNTER TITLE: EVP, COO ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: CONRAD D. HUNTER TITLE: EVP, COO ADDRESS: 1154 SHENANDOAH VILLAGE DR CITY/ST/ZIP/CO: WAYNESBORO, VA 22980 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TIMOTHY BLITZ TITLE: DIRECTOR ADDRESS: C/O BRIAN J. O'NEIL CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: TIMOTHY BLITZ TITLE: DIRECTOR ADDRESS: C/O BRIAN J. O'NEIL CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: TIMOTHY BLITZ TITLE: DIRECTOR ADDRESS: C/O BRIAN J. O'NEIL CITY/ST/ZIP/CO: 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR | | | |

| | | | |
|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RODNEY DIR DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JERRY V. ELLIOTT DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STEVEN G. FELSHER DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DANIEL HENEGHAN DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL HUBER DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ELLEN O'CONNOR VOS DIRECTOR C/O BRIAN J. O'NEIL 1154 SHENANDOAH VILLAGE DR WAYNESBORO, VA 22980 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ BRIAN J. O'NEIL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | BRIAN J. O'NEIL, SR VP, GEN COUN PRINTED NAME AND CORPORATE TITLE | 1/7/2013 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |